

CITY OF VERNONIA
1001 Bridge Street
Vernonia, OR 97064

Phone: 503-429-5291
cityhall@vernonia-or.gov
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Vernonia Community
Learning Center
Reservation

Organization or individual requesting use: _____

Contact Person: _____ Day/Evening Phone: _____

Cell Phone: _____ E-mail: _____

Mailing Address: _____ City _____ Zip Code: _____

Purpose of Use: _____ Size of Group _____

RESERVATION REQUEST:

From: Date: _____ Time: _____ From _____ To _____

To: Date: _____ Time: _____ From _____ To _____

GROUP TYPE: Please indicate your group type below:

Civic Group _____ Non-Profit Group _____ For Profit Group _____

Room Selection: Please designate which area of VCLC you would like to reserve:

Nehalem Room: _____ Trillium Room: _____ Courtyard Area: _____

TYPE of ORGANIZATION		RATES 09-09
Civic Group Activities		\$10 an hour
Non-Profit Group Activities		\$15 an hour
Individual Instructors		\$20 an hour
For Profit Group Activities (Trainings, workshops, seminars)		\$30 an hour
For Profit Day Rate		\$150 a day
Courtyard Area (available July 09)		\$15 an hour
10 x 10 Pop-up canopy	10.00 ea.	
6ft rectangular table	5.00 ea.	
Chairs (set of 6)	5.00 ea. set	

Note: A cleaning fee of \$25.00 will be included for groups larger than 20 persons.

A separate request and fee must be submitted for an alcohol permit.

Alcohol Permit# _____ Approved _____ Disapproved _____

I have read the Procedures and Regulations for VCLC. I, the undersigned, on behalf of the above named organization do hereby agree to indemnify and hold harmless the City of Vernonia and any of the officers, agents or employees from any liability or claim or action for damages resulting from or in any way arising out of the use of the facility or equipment. I agree to abide by and enforce the VCLC policies and procedures as well as the ordinances of the City of Vernonia and I accept responsibility for any violations as they may pertain to the above permit.

Signature _____ Date _____

Date Received: _____ User Fee: _____ Deposit: _____

Check No. _____ Receipt No. _____ Deposit Returned _____